



## **Arizona Regulatory Board of Physician Assistants**

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Janet Napolitano  
Governor  
Albert Ray Tuttle, P.A.-C  
Chairman  
Timothy C. Miller, J.D.  
Executive Director

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### **DRAFT MINUTES FOR MINOR SURGERY SUBCOMMITTEE MEETING Held at 1:00 p.m. on May 17, 2006 9535 E. Doubletree Ranch Road • Scottsdale, Arizona**

#### **Minor Surgery Subcommittee Members**

Randy D. Danielsen, Ph.D., P.A.-C, Chair  
Michael E. Goodwin, P.A.-C  
Albert Ray Tuttle, P.A.-C  
Peter C. Wagner, D.O.

#### **CALL TO ORDER**

Albert Ray Tuttle, P.A.-C, Chair called the Meeting to Order at 4:15 p.m.

#### **ROLL CALL**

The following Board Members were present: Randy D. Danielsen, Ph.D., P.A.-C, Michael E. Goodwin, P.A.-C, Albert Ray Tuttle, P.A.-C, Peter C. Wagner, D.O.

#### **CALL TO THE PUBLIC**

No one was present during the call to the public.

#### **NON-TIME SPECIFIC ITEMS**

##### **I. Approval of Minutes**

**MOTION:** Michael E. Goodwin, P.A. moved to approve the August 24, 2005 Minor Surgery Subcommittee Minutes.

**SECONDED:** Albert Ray Tuttle, P.A.-C

**VOTE:** 4-yay, 0-nay, 0-abstain/recuse, 0-absent

**MOTION PASSED.**

##### **II. Discussion of Procedures Defined as Minor Surgery**

Timothy Miller, J.D., Executive Director presented the committee with a definition of "invasive procedure" for their approval. Mr. Miller said he researched similar language used in other states to arrive at the definition. Albert Ray Tuttle, P.A.-C asked if the definition of invasive procedures would cover cryotherapy or electro decimation of lesions since they do not break the skin. Mr. Miller said those procedures would be covered under the minor surgery definition. Michael E. Goodwin, P.A. noted invasive procedures would include procedures such as immunizations, foreign body removal and phlebotomy.

Mr. Miller then addressed the issue regarding the scope of "minor surgery". Mr. Miller said minor surgery had been defined in the past, but the definition was not adequate. However, Mr. Miller said a different minor surgery rule could not be written, so he defined what was within the scope of minor surgery under R4-14-306 (B).

Mr. Miller then spoke about defining surgical abortion. Mr. Miller said he provided a definition of "surgical abortion" in R4-17-101 because it was not defined in the rules. Mr. Miller proposed the definition of "any surgical procedure that terminates the development of a fetus." P.A. Goodwin asked if pre-menstrual extraction would be considered "surgical abortion". Mr. Miller said the statutes state a physician assistant cannot perform an abortion and this P.A. Subcommittee can not make rules that do not match the statutes as this would be a job for the PA Rules Subcommittee.

The Subcommittee then discussed R4-17-306 Minor Surgery. Mr. Miller said there were three components of minor surgery that had to be spelled out. PA Goodwin suggested the word "only" should be replaced with the word "may" in the first line of subsection A. This suggestion would change the beginning of the sentence to read, "A physician assistant **may** perform those minor surgeries within the scope of practice..."

Under R4-17-306 (B), PA Tuttle suggested the rule have the added language to state "minor surgeries **include but are not limited to...**". PA Tuttle also suggested the rule list examples of minor surgeries within the scope of practice for physician assistants. Mr. Miller said examples were not required to be listed in the rules.

Under R14-17-306 (C) the subcommittee discussed how a supervising physician would ensure the physician assistant had the proper education, training, and experience before being delegated a surgical procedure. The subcommittee members discussed their concern that a physician assistant may complete a three-day course and obtain a certificate but still may not be qualified to do a procedure. Randy Danielsen, Ph.D., P.A.-C suggested a rule be written to define "approved training". P.A. Tuttle suggested training could be required from an accredited institution or the physician assistant could learn through an "apprentice" type program in which the physician assistant would be required to demonstrate the ability to do the procedure to the supervised physician. The subcommittee members agreed that only the procedures that were new and were not part of general practice would fall into the category of having to be approved by the supervising physician. The subcommittee also discussed what a supervisor physician or supervisor physician agent's role was in supervisory surgery. Dr. Danielsen said supervision should only be allowed for procedures the supervisor knows how to do. Peter C. Wagner, D.O. suggested adding to the language that a "supervising physician **shall** have the training and **competency** to perform the surgical procedure...". Dr. Danielson said it should further be implied the supervising physician/agent should have the training and competency in order to supervise. The subcommittee found that, although this was redundant, it was important to reiterate to demonstrate public safety.

Dr. Wagner opined that a supervising physician should be physically available during a surgical procedure done by a physician assistant. Dr. Danielson said he thought that would be too high a requirement and thought a physician's presence should depend on the type of procedure being performed, but that at a minimum, a physician or physician agent should be available to consult with during a surgical procedure.

The committee discussed R14-17-306 (D) that states "A physician assistant may not perform a surgical abortion." The subcommittee felt this rule was stated sufficiently as they felt it was consistent with the legislator's intent and also allowed the subcommittee to define surgical abortion.

The meeting adjourned at 5:00 p.m.



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Timothy C. Miller, J.D., Executive Director